

Attorney Docket No.: P-9647-US

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

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JUL 11 2007

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original and first sole inventor or an original and first joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USES OF GALECTIN-2

the Specification of which

- ☐ is attached hereto
☒ was filed on March 24, 2005
 as United States Application Number 10/593,533 as a U.S.
 National Stage Application of PCT International Application
 No. PCT/EP2005/003161
 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FILED APPLICATION(S)

<u>APPLICATION NUMBER</u>	<u>COUNTRY</u>	<u>(DAY/MONTH/YEAR FILED)</u>	<u>PRIORITY CLAIMED</u>
04007345.4	EP	26 March 2004	Yes
04019696.6	EP	19 August 2004	Yes

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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APPLICATION
NO. _____FILING DATE
(DAY/MONTH/YEAR) _____STATUS - PATENTED,
PENDING, ABANDONED _____

Please address all correspondence regarding this application to:

[]
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1500 BROADWAY, 12TH FLOOR
NEW YORK, NEW YORK 10036

Direct all telephone calls to (646) 878-0800 and all facsimiles to (646) 878-0801.

I hereby appoint practitioners associated with Customer Number 49443 as my attorney(s) and agent(s) with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: ROSEWICZ, Stefan (deceased)

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FULL POST OFFICE ADDRESS: same

FULL NAME OF LEGAL HEIR OF INVENTOR: ROSEWICZ, Ehrnsgard
(sole legal heir of Stefan ROSEWICZ)

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COUNTRY OF CITIZENSHIP: Germany

FULL POST OFFICE ADDRESS: same

SIGNATURE OF LEGAL HEIR OF INVENTOR

DATE 1 106/07
(day / month / year)

Attorney Docket No.: P-9647-US

FULL NAME OF INVENTOR: DIGNASS, Axel

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SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)

FULL NAME OF INVENTOR: STURM, Andreas

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COUNTRY OF CITIZENSHIP: Germany

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _____

DATE _____
(day / month / year)